



Erin Go Bragh GAA Club



MEMBERSHIP REGISTRATION FORM 2017

Membership Categories:

	Employed	Please Tick	Unemployed / Student	Please Tick	Payment Method	Amount
Full Adult Member	€150	<input type="checkbox"/>	€75	<input type="checkbox"/>	Cash / Cheque /SO	€
Gaelic for Mothers & Others (If not already part of Family Membership) Excludes €35 Insurance - Paid Separately	€65	<input type="checkbox"/>	€35	<input type="checkbox"/>	Cash / Cheque /SO	€
Student (Full Time, incl. Apprenticeship) Playing Member (Irrespective of Family Membership - 18 – 22yrs on 1 st Jan 2017)	€75	<input type="checkbox"/>			Cash / Cheque /SO	€
Family Membership (Parent/s, ((Playing/Non Playing) + One Juvenile Member)	€175	<input type="checkbox"/>	€100 *	<input type="checkbox"/>	Cash / Cheque /SO	€
Family Membership (Parent/s + Two Juvenile Members)	€200	<input type="checkbox"/>	€120 *	<input type="checkbox"/>	Cash / Cheque /SO	€
Family Membership (Parent/s + Three or more Juvenile Members)	€225	<input type="checkbox"/>	€140 *	<input type="checkbox"/>	Cash / Cheque /SO	€
Mentor Only	€60	<input type="checkbox"/>			Cash / Cheque /SO	€
Associate Member	€60	<input type="checkbox"/>			Cash / Cheque /SO	€
Nursery – (All New and Existing Members Aged 4, 5 & 6 yrs., If not already part of Family Membership)	€50	<input type="checkbox"/>			Cash / Cheque /SO	€
Annual Lotto Subscription (TBC)	Single Ticket €80	<input type="checkbox"/>	Three Ticket €200	<input type="checkbox"/>	Cash / Cheque /SO	€

* Family Membership for unemployed only applies where both parents are unemployed.

Member Details:

	Surname	First Name	Date of Birth	Player Y / N	Mentor Y / N	Medical Condition?
Adult 1:						
Adult 2:						
Juvenile 1:						*
Juvenile 2:						*
Juvenile 3:						*
Juvenile 4:						*
Juvenile 5:						*

* Please Complete Juvenile Medical Consent Form (Page 2)

Address:	Home Phone:
_____	_____
_____	_____

Mother's /Guardian's Name:	Mobile No:	Email:
_____	_____	_____
Father's /Guardian's Name:	Mobile No:	Email:
_____	_____	_____
Signed *	Date:	Amount Enclosed:
_____	_____	€ _____
Member/Parent/Guardian		Cash/Cheque/SO

* I/we hereby apply to Erin Go Bragh GAA Club for membership of both the club and Cumann Lúthcleas Gael (Gaelic Athletic Association). I subscribe to and undertake to further the aims and objectives of the Club and the GAA and will abide by its Rules and Codes of Conduct (available on www.eringbraghgaa.ie).

For Club Use:

I hereby give my consent for the above named to be a member of Erin Go Bragh GAA Club.

Proposed By: _____ Member No. _____ Seconded By: _____ Member No. _____





Erin Go Bragh GAA Club



Medical Consent:

		Does your Child have any <i>Medical Condition</i> that our Coaches/Mentors should be aware of?	Does your Child have any <i>Allergies</i> that our Coaches/Mentors should be aware of?	Does your take any <i>Medication</i> that our Coaches/Mentors should be aware of? *
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	Name	Please Tick	If Yes, Please Specify	Please Tick	If Yes, Please Specify	Please Tick	If Yes, Please Specify
Juvenile 1:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 2:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 3:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 4:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 5:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	

Juvenile's General Practitioner – Name & Address:	Phone No:
Name: _____	_____
Address: _____	Email Address:
_____	_____

* Do any of your children need to be in possession of, or need to be able to administer medication while participating in Gaelic games?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* If Yes, can your child administer this medication without assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* If you have answered yes to any of the above, please provide details on a separate sheet and attach to this form. Please inform your child's team mentors of any relevant medical conditions.		

Consent:

Should it be deemed, due to medical consideration, that my child would require constant supervision, it shall be my responsibility to provide qualified adult cover.

I give my permission to bring my child to Hospital in case of emergency. YES NO

Signed: (Parent / Guardian) Date:

Contact No's:- Day: Evening: Mobile:

If you would be interested in becoming involved in the Club either at Mentor or Committee Level please indicate below





Erin Go Bragh GAA Club



Parental/Guardian Consent:

I / We are the parent(s)/guardian(s) of the above named Juvenile(s). I / We understand that photographs/video will be taken during or at sport related events and may be used in the promotion of the sport/club including on the EGB Website, Newsletter, Facebook Page or Twitter Account.

I / We hereby consent to the above Juvenile(s) participating in activities of Erin Go Bragh GAA club in line with the Clubs Code of Conduct, and The Code of Ethics for Young People in Sport as issued by the Sports Council Of Ireland. I / We will inform the Club/Mentors/Coaches of any changes to the information above.

I / We confirm that all details are correct and I/We are able to give parental consent for the above named Juvenile(s) to participate in and travel to all activities.

As parent(s)/guardian(s), I/We agree to adhere to the rules and regulations as set out in the GAA's joint Code of Best Practice in Youth Sport entitled Our Games - Our Code. This Code has been agreed between the GAA, the Ladies Gaelic Football Association, the Camogie Association, GAA Handball Ireland and the Rounders Council of Ireland. Breach of these regulations may result in Disciplinary action.

Data Protection Act: I / We consent to the details that I/we are being asked to supply to be retained on the computer file and to being used in connection with GAA activities by the Club.

SIGNATURE(s) OF PARENT/GUARDIAN:

PRINT NAME: **DATE:**

Notes on Membership

- **Membership & Membership Forms to be returned to the Club Registrars or to any member of the Executive by the 31st April 2017.**
- **Gaelic for Mothers & Others Membership Excludes Insurance. Insurance payment to be made directly to Ciara Farrell.**
- **Erin Go Bragh GAA Club Registered Adults 'with fully paid up membership by the 31st April 2017', will be entitled to vote at the AGM for the election of Club Officers**
- **Voting rights are not included with Nursery & Associate Membership's categories.**
- **Any outstanding amounts owed from 2016 must be paid in full also to ensure that players will be eligible to be registered and play during 2017.**
- **Eligibility for inclusion in the draw for All Ireland Tickets is subject to membership being paid in full by the above date.**
- **The Executive Committee reserve the right to refuse membership.**
- **Membership can be paid by Bank Transfer (In Full) or by Standing Order in the following increments:**

Membership Amount		€100.00 or Lower	€150.00	€175.00	€200.00	€225.00
Payment Amounts and Payment Periods	By End Mar 2017	Paid in full	€100.00	€125.00	€150.00	€150.00
	By End April 2016		€50.00	€50.00	€50.00	€75.00

Banking Details for Bank Transfer / Standing Order:

Address: **AIB Retail Park, Blanchardstown, Dublin 15**

Sort Code: **93-25-15** Account Number: **31677018** IBAN: **IE11 AIBK 9325 1531 6770 18** BIC: **AIBKIE2D**

The aim of Erin Go Bragh, GAA Club is to promote the Cumann Lúthcleas Gael ethos within the community of Clonee, Dublin 15, through the provision of quality sports and related cultural activities for all irrespective of gender, ethnic background and religious beliefs.

